

**DEPARTMENT OF TRANSPORTATION  
INSTRUCTIONS FOR COMPLETING  
FEDERAL HIGHWAY ADMINISTRATION 1391 FORM**

The FHWA-1391 form shall be used to report the number of minority and non-minority employees by gender employed in each work classification on a Federal-aid contract. The "Job Categories" column is used to identify work classification. When identifying work classification use only the categories listed on the form. Miscellaneous job categories are to be incorporated in the most appropriate category listed on the form.

**WHO MUST REPORT:**

Each prime contractor and subcontractor, regardless of tier, who has a Federal-aid contract or subcontract in excess of \$10,000.

**REPORT DATA:\***

Each contractor is to collect data of the number of project personnel who worked all or any part of the last full week of July. Contractors who do not perform any work during the last full week of July are not required to report. Information that is required for the report to be complete and satisfactory is highlighted on the form and annotated as (\*Required Information) in these instructions.

**DUE DATE:**

Due on or before the 15<sup>th</sup> of August.

**DEFINITION OF TERMS:**

OFFICIALS (Managers):	Officers, project engineers, superintendents, etc., who have management level responsibility and authority.
SUPERVISORS:	All levels of project supervision, if any, between management and foremen levels.
FOREMEN/WOMEN:	Men and women in direct charge of crafts workers and laborers performing work on the project.
MECHANICS:	Equipment service and maintenance personnel.
LABORERS, SEMI-SKILLED:	All laborers classified by specialized type of work.
LABORERS, UNSKILLED:	All Non-classified laborers.
OTHERS:	Miscellaneous job classifications are to be incorporated in the most appropriate category listed on the form. All employees on the project should be accounted for.

## BLOCK ENTRIES

- (1) CHECK APPROPRIATE BLOCK – Check only one box. (\*Required Information)
- (2) NAME AND ADDRESS OF FIRM – Enter the firm's name, street address, city or town, state and zip code. Do not abbreviate. (\*Required Information)
- (3) FEDERAL-AID PROJECT NUMBER – Enter all Federal-aid project number(s) associated with the contract number. Refer to the Caltrans Division of Construction Statement of Ongoing Contracts at web site <http://www.dot.ca.gov/hq/construc/statement.html>. If you are a subcontractor and do not know the Federal-aid project number, contact the prime contractor. (\*Required Information)
- (4) TYPE OF CONSTRUCTION – Enter type of work associated with the contract number. Refer to the Caltrans Division of Construction Statement of Ongoing Contracts at web site <http://www.dot.ca.gov/hq/construc/statement.html>.
- (5) COUNTY AND STATE – Enter all county(ies) and state(s) associated with the contract number. Refer to the Caltrans Division of Construction Statement of Ongoing Contracts at web site <http://www.dot.ca.gov/hq/construc/statement.html>
- (6) PERCENT COMPLETE – Enter percentage of project completed, based on the dollar amount of the contract completed.
- (7) BEGINNING CONSTR. DATE – Enter date construction began.
- (8) DOLLAR AMOUNT OF CONTRACT – Enter dollar amount of contract, including amended amounts. (\*Required Information)
- (9) ESTIMATED PEAK EMPLOYMENT –
  - (a) Month and Year – Enter month and year of peak employment during the life cycle of the contract.
  - (b) Number of Employees – Enter number of employees, based on the peak employment during the life of the contract. (\*Required Information)
- (10) EMPLOYMENT DATA – (\*Required Information)
  - (Table A) – Enter number of employee(s) based on race, gender and job category during the reporting period.
  - (Table B) – Enter number of apprentice(s) and on-the-job trainee(s) based on gender and job category during the reporting period.
  - (Table C) – Enter number of apprentice(s) and on-the-job trainee(s) based on race and gender during the reporting period.
- (11) PREPARED BY – Signature and Title of Contractor's Representative certifying the reported data to be true. (\*Required Information)
- (12) REVIEWED BY – Signature and Title of State/Agency Official reviewing data. (\*Required Information)

***Note: Include contract number in the block located at the top of the form.***  
(\*Required Information)